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ABSTRACT

A study was conducted to develop a model for peer evaluation of clinical teaching faculty in nursing education. The model was designed to be piloted for use in faculty development and evaluation. A survey form requesting specific information about peer review processes currently in use was mailed to the program administrators of 465 nursing education programs. A total of 282 surveys (61%) were returned. In addition, surveys about strengths and weaknesses of the peer evaluation system were completed by 243 nursing faculty members. Results of the administrator survey indicated that 78% of the nursing schools used some form of peer review. Over 90% of these included classroom instruction in the evaluation process, and 70% included clinical teaching as a component of the process. Peer review was used primarily for purposes of tenure and promotion and faculty development, and was voluntary in 19% of the institutions with peer review processes. Most programs (56%) only considered faculty within the same department. Administrators counted participation of the faculty in system development as a program strength. Weaknesses were enumerated more frequently than strengths, and included procedural and validity concerns. Results of the faculty survey indicated that 87% of respondents participated in peer evaluation models, but only 42% included observation of clinical teaching as a component. Participants indicated that the most valuable result of peer evaluation is feedback for faculty development purposes. (Contains 1 figure, 3 tables, and 10 references.) (SLD)

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Development of a Peer Evaluation Model for Clinical Teaching Faculty

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Development of a Peer Evaluation Model for Clinical Teaching Faculty

The topic of faculty evaluation has become an important issue in higher education as demands for cost-effectiveness and faculty accountability have increased. The applied nature of teaching in programs that prepare health care professionals dictates accountability to the profession, the student and the client. Evidence for documenting effectiveness of teaching faculty should include as many sources as possible. Peers who understand role expectancies, demands and constraints are logical sources of data for this purpose.

Review of Literature

University nursing faculty are often recruited primarily because of academic credentials or clinical expertise, with little attention directed toward teaching experience. Assuming the faculty role often requires significant faculty development efforts on the part of the individual faculty member. Evaluation can serve as a valuable avenue for professional growth and improvement of instruction (Licata, 1986). In addition, most universities utilize a defined process for evaluation of faculty which includes various measures of performance in the areas of teaching, scholarhip and service. Data collected are used in making decisions concerning tenure, promotion and merit pay. Most experts agree that a comprehensive evaluation system should utilize as many data sources as possible (Arreola, 1995; Licata, 1986; Seldin, 1991).

Sources of evaluation typically include student opinions of teaching, department head evaluation of contributions to the department, and self-evaluation. Peer evaluation is frequently done only in a summative manner in the form of recommendations for tenure/ promotion decisions. These decisions frequently hinge heavily upon research and publication records because teaching effectiveness is not easily documented (Seldin, 1991). Faculty have voiced concerns that student opinions of teaching may be more reflective of students' feelings about course content or the personality of the faculty rather than thoughtful consideration of specific teaching behaviors. Miller (1974) notes that while students may be capable of giving opinions about teaching methods, teacher enthusiasm, and teacher concerns for students, opinions are typically centered on self-needs rather than providing a global look at group learning experiences. While the majority of research studies devoted to the subject have found student opinions of teaching to be valid and reliable sources of data when tools are well-constructed (VanArsdale & Hammons, 1995), faculty remain skeptical of their usefulness.

Faculty engaged in teaching in clinical settings have the additional responsibility to maintain clinical expertise and to adequately supervise students, an area not easily appraised by novice students. Peer evaluation appears to be the most logical source for feedback concerning strengths and weaknesses of classroom and clinical teaching. Several advantages to peer evaluation have been

found in the literature, with several sources noting that colleagues are in the best position to assess teaching performance and make suggestions for improvement (Bollington, Hopkins & West, 1990). Whitman (1990) studied the use of clinical colleagues as sources of evaluation data, developing a listing of teaching behaviors considered important as well as observable by faculty and clinical colleagues.

A useful and effective system of peer evaluation requires careful planning in order to provide valid and reliable information for the faculty, while minimizing the amount of effort required of individual faculty with implementation of the process. The literature reflects a diversity in approaches to peer review, with differing opinions concerning exactly what it is that should be reviewed by peers (Arreola, 1995). While the literature includes numerous references to peer evaluation, few adequately explore the specific concerns of clinical teaching faculty and how the clinical component fits into the total evaluation process. A review of existing clinical faculty peer evaluation systems was considered fundamental to developing a useful model.

Objectives

The primary objective of this ongoing study is to develop a model for peer evaluation of clinical teaching faculty which can be piloted for use for faculty development and/or use in a comprehensive faculty evaluation plan. Concurrent objectives included a survey of peer evaluation models used by NLN accredited

baccalaureate nursing programs and a survey of faculty perceptions and concerns related to models currently used by these programs.

Methodology

A survey form which requested specific information concerning peer review processes currently used for clinical nursing faculty was mailed to the program administrator of each NLN accredited baccalaureate nursing program (N=465) in the U.S.. Items for the survey were reviewed for relevance and completeness by three evaluation experts from the fields of education and nursing. Each administrator was asked to list the names and addresses of three faculty to participate in a follow-up survey of faculty perceptions of the current peer evaluation system. Administrators were also asked to submit a copy of any tools currently used which the agency was willing to share. A total of 282 surveys were completed and returned (61%), with 141 listing names and addresses of potential faculty participants.

Suggested faculty participants were each mailed a survey designed to determine perceived strengths, weaknesses and concerns related to the system used for peer evaluation. The items were also reviewed by the panel of evaluation experts for relevance, readability and completeness. A total of 476 surveys were mailed, with 243 responses returned (51 %) for inclusion in the preliminary

analyses. Data obtained from administrator and faculty surveys will be used for development of a model for peer evaluation of clinical teaching faculty.

Results

Results of the administrator survey revealed that 78% of the NLN accredited schools of nursing use some form of peer review. Over 90% of those with a peer review process include classroom instruction in the evaluation process, while 70% indicated inclusion of clinical teaching as a component of the (Table 1). Peer review is used primarily for the purposes of tenure and promotion and faculty development, and is voluntary in 19% of the institutions with peer review processes

The definition of peer varies from broad inclusion of any faculty in the university to more narrow interpretations as faculty within the department at the same rank, teaching in the same area. The majority of programs (56%) only consider faculty within the same department. Over half of the programs (53%) allow individual faculty to select the evaluators, while others use a combination of methods including input from the individual, administration, and/or a faculty evaluation committee. One respondent elaborated about the value of anonymous evaluations which could be done by any faculty and submitted directly to the individual.

Administrators listed a variety of strengths and weaknesses within their peer review processes. Most who expressed particular strengths focused on the participation of faculty in development of the system and selection of what is to be reviewed and by whom, and the usefulness of peer feedback for faculty development purposes. Weaknesses were enumerated more frequently than strengths, and included both procedural and validity concerns. Many expressed that the tenure/promotion aspect diluted the potential faculty development benefits because evaluators were reluctant to give honest feedback that could influence tenure and promotion decisions. Many doubted the objectivity of the review since faculty often choose the same peer evaluator every year with reciprocal arrangements. Procedurally, several expressed concern about needing better tools, the time required for peer observations, and difficulty with scheduling. Several also voiced concerns that observation of classroom and clinical teaching was not a part of the peer evaluation plan. Over 70 program administrators submitted tools used by their institution and these are currently being analyzed for content and methodology.

Results of the faculty survey revealed that while 87% of faculty repondents participate in peer evaluation models that include classroom observation by peers, only 42 % include observation of clinical teaching as a component (See Table 2).

Of those who did not participate in peer evaluation of clinical teaching, 8% (n=11) specifically commented that this was one aspect that should be included

The majority of faculty indicated that peers are defined as faculty within the department at the same or higher rank. Specific concerns were expressed by several faculty at institutions where a peer was defined as anyone on the faculty. It was felt that non-tenured, non-doctoral prepared faculty in lower ranks could not adequately evaluate faculty in higher ranks who are expected to assume greater responsibilities for scholarship, leadership, and service.

Results of the 10-item instrument designed to measure faculty perceptions of usefulness of various forms of peer evaluation are found in Table 3. Internal consistency of the instrument as determined by Cronbach Alpha was .93. There was a minimum of 75% agreement that peer observation of classroom and clinical teaching, review of course materials, and peer review of scholarship and service were useful for faculty development as well as providing fair and objective information for tenure, promotion and merit decisions. No significant differences were found in agreement on any of the items according to tenure status or preparation (education) of the faculty, nor were any differences found based on years of teaching experience.

Participants expressed that the most most valuable result of peer evaluation is feedback for faculty development puposes. Validation by other faculty and

appreciation of content and strategies used by other faculty were also considered useful products of the process. Weaknesses addressed by participants include the time-consuming nature of the activity and the tendency of peers to give only positive comments to avoid straining relationships. While only 18% of the respondents reported use of anonymous comments in peer evaluation, several suggested that this could be useful in providing more honest feedback to faculty. Changes advocated in their current system of peer evaluation by several respondents include use of personnel from clinical facilities as peers, more structured processes, use of tools with established inter-rater reliability, and inclusion of evaluation of contributions as a team member.

Recommendations

Faculty do appreciate the value of peer evaluation in all aspects of teaching, both for faculty development and tenure, promotion and merit decision-making. While clinical teaching comprises a major portion of the reponsibility of of nursing faculty, fewer than half are observed by peers on this aspect of their teaching. Results of this survey indicate that faculty are interested in peer evaluation of clinical teaching and are interested in a plan that requires a minimum of faculty time, but provides accurate and honest evaluation of strengths and weaknesses.

It is recommended that a comprehensive peer evaluation plan include faculty input concerning the definition of a peer, the preferred frequency of

observations/ reviews for tenured and non-tenured faculty, and if the process should be optional or mandatory. In order to address concerns about "less than honest" feedback, consideration should be given to providing faculty who have direct knowledge of performance an opportunity to provide anonymous feedback to the individual for faculty development purposes only.

Specific tools should be developed for each aspect of peer evaluation to include specific items which the faculty agree are important for meeting program objectives. Careful attention should be given to construction of instruments in order to ensure collection of useful, objective, valid and reliable data in a reasonable period of time. A discussion between the individual faculty and the review team should follow as soon as possible after review is complete.

A tentative structure for peer review of clinical teaching has been developed for consideration, with specific elements of the model yet to be developed following appropriate faculty input into each component. A complete orientation to the process should be required for all faculty participating in the process.

Table 1
Results of Administrator Survey

Do faculty in your School of Nursing participate in a peer review process?

Yes	221 (78%)
No	61 (22%)

Is the process required?

Yes	164 (74%)
No	43 (19%)
Tenure/promotion only	14 (6%)

Peer review is used for which of the following:

Tenure/promotion	182 (65%)
Faculty development	154 (55%)
Merit evaluation	97 (34%)

Which of the following is included in the process (n=221)?

Classroom instruction	202 (91%)
Clinical instruction	155 (70%)
Scholarship/research	128 (58%)
Service	127 (57%)
Other: academic advising	3 (1%)
Contribution as team member	4(2%)
Faculty practice	4 (4%)

Definition of peer: (N=177)

Colleague/fellow teacher in same department	99 (56%)
Full-time faculty from any department in university	29 (16%)
Tenured faculty in department at same rank	15 (8%)
Tenured faculty of equal or higher rank	15 (8%)
Any full-time or part-time nursing faculty	9 (5%)
Faculty within the same course or level	7 (4%
Any faculty or department head	3(2%)

Selection of peers for peer evaluation (N=177):

Individual faculty member	93 (53%)
Individual and administration	29 (16%)
Faculty evaluation committee	25 (14%)
Random selection	9 (5%)
Administration	7 (4%)
Various combinations of above	14 (8%)

Frequency of evaluation by each evaluator (N=164):

Annually	74 (45%)
Each semester	22 (13%)
Twice each semester	12 (7%)
Annually until tenured, then:	
every 3 years	7 (4%)
every 4 years	2 (1%)
every 5 years	8 (5%)
At time of tenure and promotion	16 (10%)
At 3 yrs and 6 yrs	4 (2%)
Variable by academic rank	19 (12%)

Table 2
Results of Faculty Survey

Which of the following are included in the peer review process at your institution? (n=243)

Classroom observation	211 (87%)
Observation of clinical teaching	102 (42%)
Review of course materials	161 (66%
Research/ scholarship	164 (68%)
Contributions to department	173 (71%)

Are peer comments anonymous?

Yes	43 (18.5%)
No	189 (81.5%)

Are the same peers involved in all aspects of review?

Yes	112 (47%)
No	125 (53%)

Which of the following are considered "peers" for the purpose of peer evaluation?

Tenured faculty within the department	81 (34%)
Faculty in department at same or higher rank	126 (52%)
Any faculty across disciplines	33 (13 %)
Other	3 (1%)

Demographic Data:

Gender

Female	231 (97%
Male	8 (3%)

Teaching Experience

Less than 5 years	20 (8.4%)
5 to 10 years	54 (22.7)
11 to 20 years	94 (39.5%)
greater than 20 years	70 (29.4%)

Tenured?	Yes	131 (55%)
	No	106 (45%)

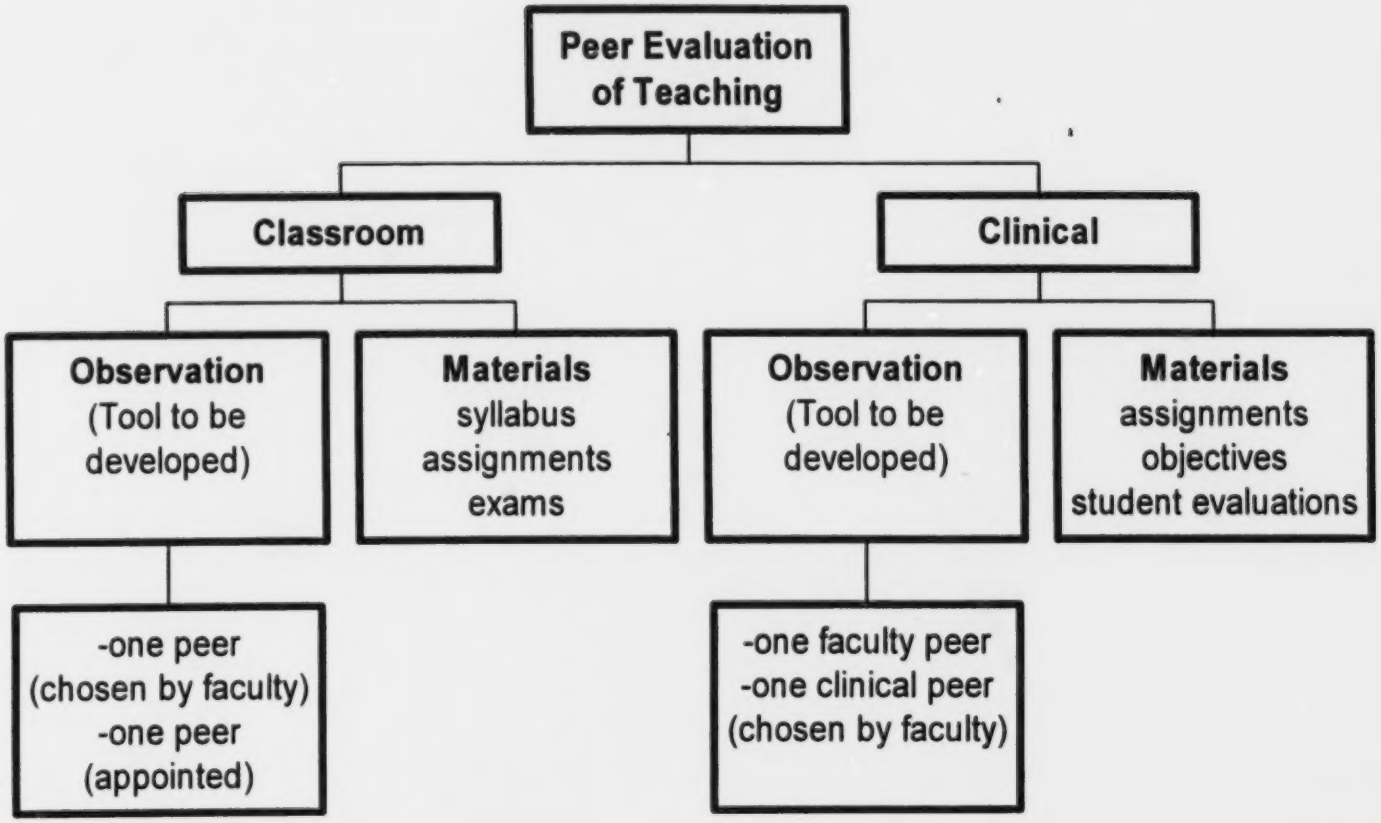
Education

Doctorate in nursing	60 (25%)
Doctorate, other	63 (27%)
Master's, nursing	110 (46%)
Other	5 (2%)

Table 3
Results of Survey of Faculty Perceptions

	SA	A	D	SD
Classroom observation by peers is useful for my development in the faculty role.	106	103	22	10
Evaluation of classroom materials by peers is useful for my development in the faculty role.	92	113	21	8
Observation of clinical teaching by peers is useful for my development in the faculty role.	74	105	35	11
Evaluation of research/ scholarly activities by peers is useful for my development in the faculty role.	82	112	29	8
Evaluation of my contributions to the department by peers is useful for my development in the faculty role.	87	116	25	7
Classroom observations by peers provides fair and objective information for tenure/promotion and/or merit decisions.	43	141	34	14
Evaluation of classroom material by peers provides fair and objective information for tenure/promotion and/or merit decisions.	47	138	37	8
Observation of clinical teaching by peers provides fair and objective information for tenure/promotion and/or merit decisions.	34	128	44	12
Evaluation of research/ scholarly activities by peers provides fair and objective information for tenure/promotion and/or merit decisions.	48	132	40	6
Evaluation of my contributions to the department by my peers provides fair and objective information for tenure/promotion and/or merit decisions.	49	144	34	5

4 - Strongly Agree 3- Agree 2-Disagree 1-Strongly Disagree


Peer Evaluation of Teaching
Classroom
Clinical
Observation (Tool to be developed)
Materials syllabus assignments exams
Observation (Tool to be developed)
Materials assignments objectives student evaluations
-one peer (chosen by faculty) -one peer (appointed)
-one faculty peer -one clinical peer (chosen by faculty)

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